

2661-101
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1639/65
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
TECH CENTER 1600/2900

O I P E JCS
OCT 14 2003
PATENT & TRADEMARK OFFICE

In re Application of)
Annette GILCHRIST et al.)
Serial No. 09/852,910) Examiner: Teresa D. Wessendorf
Filed: May 11, 2001) Group Art Unit: 1639
For: METHOD FOR IDENTIFYING)
INHIBITORS OF G PROTEIN)
COUPLED RECEPTOR)
SIGNALING)

SUBMISSION OF SEQUENCE LISTING &
STATEMENT UNDER 37 C.F.R. §1.821(f)

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Applicants submit herewith a sequence listing in both paper copy and computer readable form to correct typographical errors. Applicants request entry of the sequence listing into the application. Applicants hereby state that the sequence information recorded in computer readable form is the same as the written sequence listing and contains no new matter.

Respectfully submitted,

By


Martha Cassidy
Attorney for Applicants
Registration No. 44,066
ROTHWELL, FIGG, ERNST & MANBECK, p.c.
Suite 800, 1425 K Street, N.W.
Washington, D.C. 20005
Telephone: (202) 783-6040

Enclosure(s):
Diskette
Paper Copy (72 pgs.)

2661-101.seq2.wpd

OCT 14 2003
FEE TRANSMITTAL
 FOR FILING 2003
 (Small Entity)



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 OCT 17 2003
 TECH CENTER 1600/2000

		Complete if Known	
		Application Number	09/852,910
		Filing Date	May 11, 2001
		First Named Inventor	Annette GILCHRIST et al.
		Examiner Name	Teresa D. Wessendorf
		Group Art Unit	1639
Total Amount of Payment	(\$ 235.00)	Attorney Docket Number	2661-101

METHOD OF PAYMENT (check one)

1. The Commissioner is hereby authorized to charge additional fees and credit any overpayment to Deposit Account Number 02-2135 in the name of Rothwell, Figg, Ernst & Manbeck
- Charge any Additional Fee Required Under 37 CFR 1.16 and 1.17
- Applicant claims small entity status.
2. Payment Enclosed:
 - Check
 - Credit Card

FEE CALCULATION

1. FILING FEE

Fee	Fee	Fee Description	Fee Paid
Code	\$		
2001	385	Utility filing fee	[]
2002	170	Design Filing Fee	[]
2003	265	Plant Filing Fee	[]
2004	385	Reissue Filing Fee	[]
2005	80	Provisional Filing Fee	[]

SUBTOTAL \$

2. CLAIMS

Total Claims	Independent Claims	Extra Claims	Fee	Fee Paid
[] - 20** = []	x		\$ 9 = []	
Claims [] - 3** = []	x	43 = []		
Multiple Dependent Claims		+ 145 = []		

* or number previously paid, if greater;

SUBTOTAL \$

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Fee Code	Fee Paid	Fee Description	Fee Paid
2051	65	Surcharge - late filing fee or oath	[]
2052	25	Surcharge - late provisional filing fee or cover sheet	[]
1053	130	Non-English specification	[]
1812	2,520	For filing a request for reexamination	[]
1804	920	Requesting publication of SIR prior to Examiner action	[]
1805	1,840*	Requesting publication of SIR after Examiner action	[]
2251	55	Extension for reply within first month	[55]
2252	210	Extension for reply within second month	[]
2253	475	Extension for reply within third month	[]
2254	740	Extension for reply within fourth month	[]
2255	1,005	Extension for reply within fifth month	[]
2401	165	Notice of Appeal	[]
2402	165	Filing a brief in support of an appeal	[]
2403	145	Request for Oral Hearing	[]
1451	1,510	Petition to institute a public use proceeding	[]
2452	55	Petition to revive -unavoidable	[]
2453	475	Petition to revive - unintentional	[]
2501	665	Utility issue fee (or reissue)	[]
2502	240	Design issue fee	[]
2503	320	Plant issue fee	[]
1460	130	Petitions to the Commissioner	[]
1807	50	Processing fee under 37 CFR 1.17(q)	[]
1806	180	Submission of Information Disclosure Statement	[180]
8021	40	Recording each patent assignment per property (times number of properties)	[]
2809	385	Filing a submission after final rejection (37 CFR 1.129(a))	[]
2810	385	For each additional invention to be examined (37 CFR 1.129(b))	[]
2801	385	Request for Continued Examination (RCE)	[]
1802	900	Request for expedited examination of a design application	[]
1504	300	Publication fee for early, voluntary, or normal publication	[]
1505	300	Publication fee for republication	[]
1455	200	Filing an application for patent term adjustment	[]
1456	400	Request for reinstatement of term reduced	[]
Other fee (specify)			

* Reduced by Basic Filing Fee Paid

SUBTOTAL

\$ 235.00

SUBMITTED BY		Complete (if applicable)		
NAME AND REG. NUMBER	Martha Cassidy, Reg. No. 44,066			
SIGNATURE		DATE	10/13/03	DEPOSIT ACCOUNT USER ID
				02-2135

O P E
OCT 14 2003
TRANSMITTAL FORM

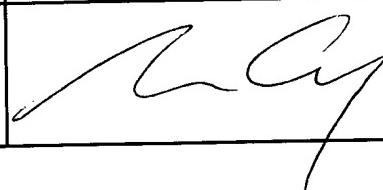
(to be used for all correspondence after initial filing)

Complete if Known	
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First Named Inventor	Annette GILCHRIST et al
Examiner Name	Teresa D. Wessendorf
Group Art Unit	1639
Total Number of Pages in This Submission	Attorney Docket Number 2661-101

ENCLOSURES (check all that apply)

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Assignment Papers | <input type="checkbox"/> After Allowance Communication to Group |
| <input checked="" type="checkbox"/> Fee Attached | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input checked="" type="checkbox"/> Amendment/Reply | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition | <input type="checkbox"/> Proprietary Information |
| <input checked="" type="checkbox"/> Non-Final | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Status Letter |
| <input checked="" type="checkbox"/> Extension of Time Request (See Fee Transmittal Form) | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Terminal Disclaimer | New Executed Declaration Submission of Seq. Listing Diskette |
| <input checked="" type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> Request for Refund | Paper Copy (72 pgs.) |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | <input type="checkbox"/> CD, Number of CD(s) | PTO-1449 Form |
| <input type="checkbox"/> Response to Missing Parts/ Incomplete Application | REMARKS:

<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | |
| | References (7) | |

SUBMITTED BY		Complete (if applicable)		
NAME AND REG. NUMBER	Martha Cassidy, Reg. No. 44,066			
SIGNATURE		DATE	10/13/03	DEPOSIT ACCOUNT USER ID 02-2135